



Immunization Practices

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What Works to Improve Immunization Rates?*

- Patient-focused Interventions
 - Tracking and Reminder-recall systems
 - Incentives
 - Media/education
- Provider Interventions
 - Provider reminders and incentives
 - Standing orders
- System Interventions
 - Improving Access to services
 - Monitoring Immunization Coverage

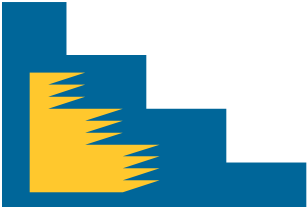



* From The Task Force on Community Preventive Services



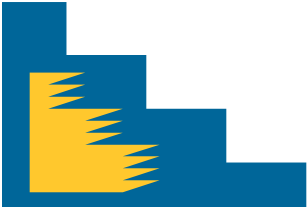
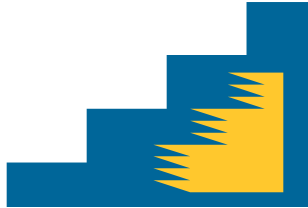
RPMS Immunization Package

What can it do for you?

- View and print immunization records
 - Forecast patient immunization needs
 - Track and Recall groups of patients
 - Patients due for immunizations
 - Patients who received recalled vaccine lots
 - Provide immunization rates for a population
 - Account for which vaccines were given
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“New” Immunization Recommendations

- Menactra
 - Tdap
 - 2nd dose varicella
 - Rotavirus
 - Influenza (expand to 6 – 59 months)
 - HPV
 - Herpes Zoster
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Immunization Package

- 8.1. released March 2006
- Patch (8.1*1) released November 2006
 - Forecasting for Rotavirus
 - Rota-pent = RotaTeq – should be active in vaccine table
 - Rota – Tetra = Rotashield – should be inactive in vaccine table
 - Routine forecasting Influenza 6-59 mo.
 - Change Menactra forecasting (15 yr olds only)
 - Add 2nd dose Varicella age 4-6 yrs.
 - Vaccine Codes for HPV included
 - Fix to reports to count MMRV
 - New Option 1 – 6 mo IPV, 12 mo Hib, pneumo, MMR, Var, 15 mo DTaP, Hep A
 - MMR max age 18 years

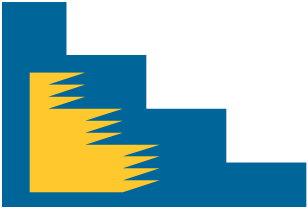
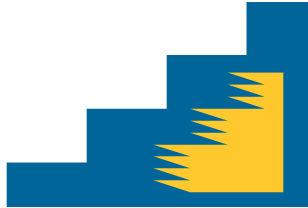


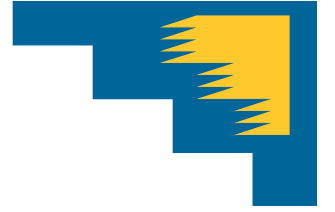


Immunization Package Version 8.2



Release Date: May 2007?

- Lot inventory system
 - Forecasting for HPV – Females only
 - 11 – 18 year olds OR
 - 11 – 26 year olds
 - Adolescent Report
 - 11-12 yrs, 13 yrs, 13 – 17 yrs
 - Tdap/Td, MMR, Var, HepB, Menactra, HPV
 - Denominator is “active clinical users”
 - 2 clinical visits in the last 3 years
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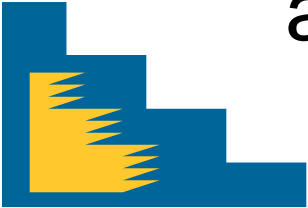
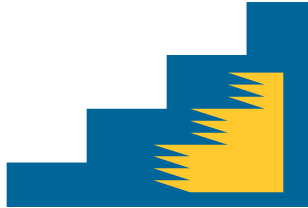
Immunization Coverage





RPMS Immunization Reports



- Includes children designated as active in the immunization package (IMM)
 - All children who have EVER been seen at the facility should be Active UNLESS MOVED OR GOING ELSEWHERE (MOGE) criteria are met
 - Active designation in IMM is independent of “active clinical user” designation assigned by CRS
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MOGE – IHS Guidelines



Can INACTIVATE a child in IMM if documentation in the chart of:

- **M**oved
 - A returned letter indicating the child/family has moved and forwarding address is not local.
 - Specific knowledge that the child/family has moved out of the area from a parent , CHR, relative, neighbor, etc.

or

- **G**oing **E**lsewhere
 - Child's records transferred to a new practice.
 - Information from another provider stating that they are seeing the child.
 - A phone call or discussion with the parent/guardian stating that the child is getting care at another site. Should provide name of doctor or facility where child is receiving care.
 - State immunization registry shows immunizations received elsewhere.

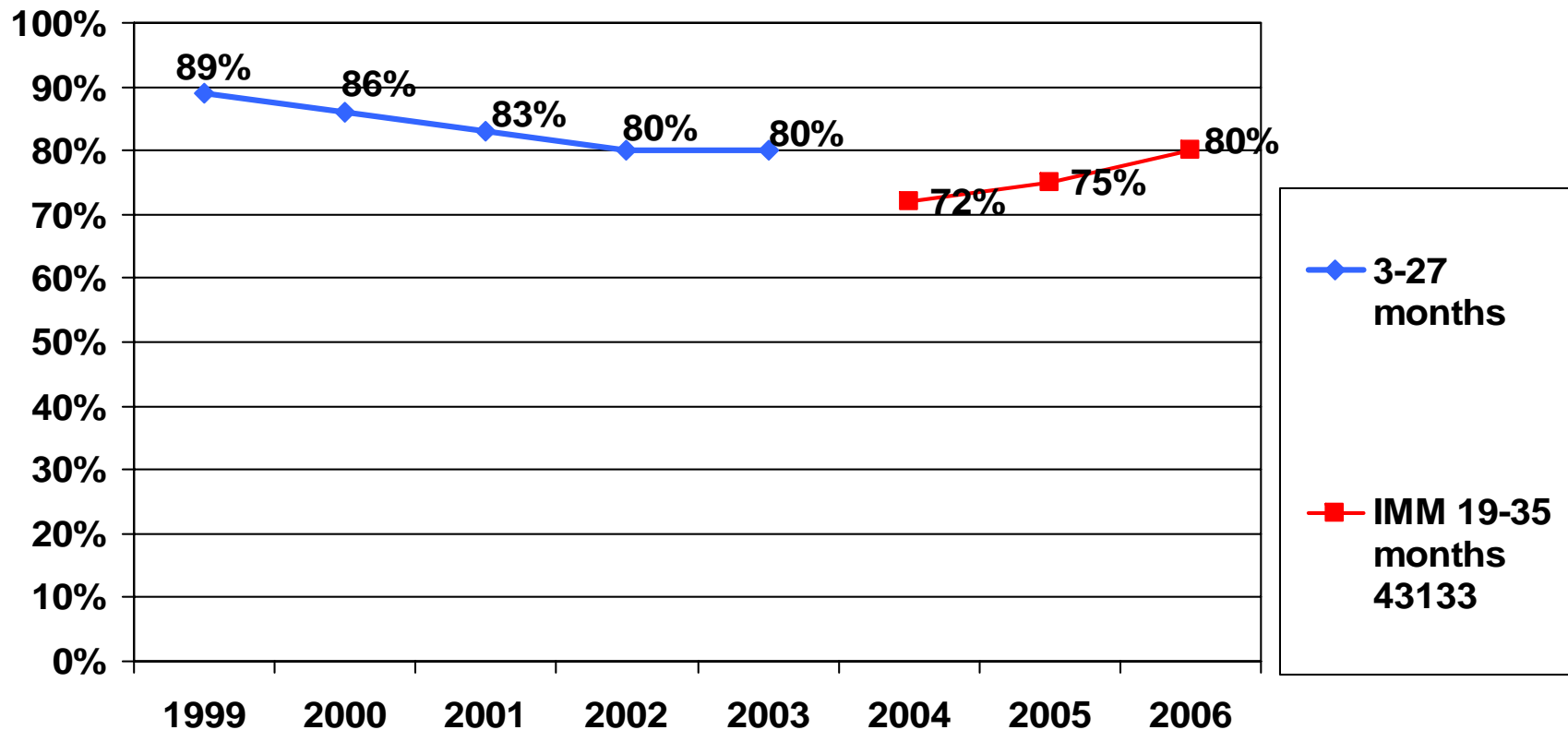


[http://www.ihs.gov/medicalprograms/epi/health_issues/vaccine/Reporting%20 Guidelines.pdf](http://www.ihs.gov/medicalprograms/epi/health_issues/vaccine/Reporting%20Guidelines.pdf)



GPRA Childhood Immunization*

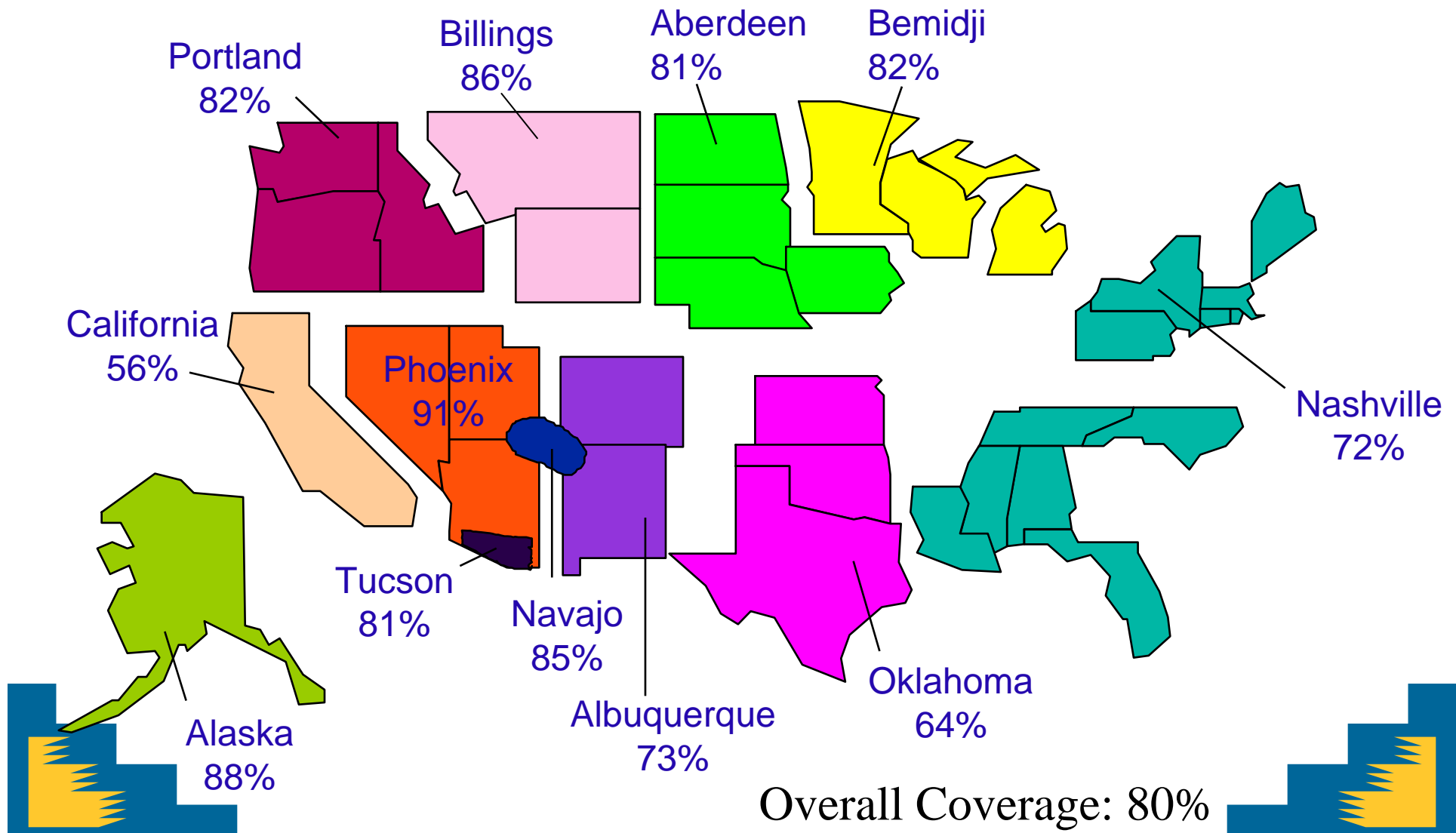
FY 1999 - 2006



* Includes age-appropriate coverage with DTaP, IPV, MMR, Hib, HepB

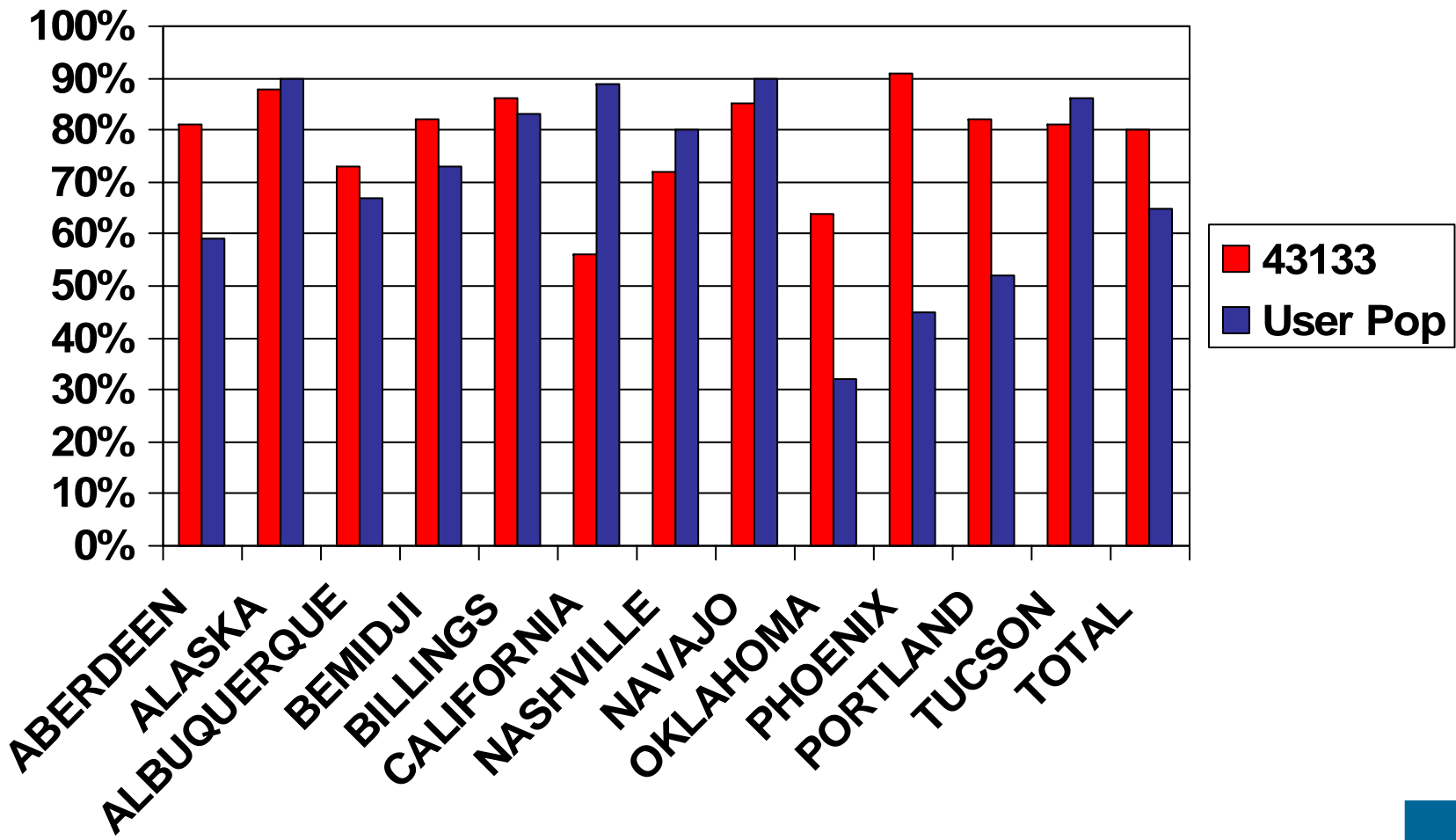
GPRA FY 2006

Childhood Immunization Coverage By IHS Area Children 19 - 35 Months



GPRA FY 2006

2 Year Old Coverage/User Pop by IHS Area





Reasons for Low Coverage

- Missing Data
 - Medical record scattering
 - Incomplete data entry
 - Redundant documentation
- Missed Opportunities
 - Child comes into clinic, but no vaccine given
 - Child gets only some of recommended vaccines
- Missing Child
 - Doesn't come in to the clinic



Strategies to address missing data

- Enter historical immunizations into RPMS
- Point of service data entry
- Reduce redundant documentation (e.g. Blue Sheets, PHN log books)



- Data Exchange with state immunization registries



Impact on childhood immunization data in Arizona

- Exports from RPMS at 6 IHS facilities to Arizona Statewide Immunization Information System (ASIIS)
 - 1,128,380 shots for 87,737 people
 - New to ASIIS:
 - 920,602 shots
 - 37,932 patients
- Export from ASIIS to IHS facilities
 - New to IHS: 490,449 shots for 44,189 patients



Child under-immunized BEFORE data exchange

AFTER . . .

1. 08/24/88 DTP
2. 11/29/88 DTP
3. 03/07/89 DTP
4. 11/17/89 DTP
5. 12/30/91 *DTaP
6. 03/19/92 *DTaP
7. 05/27/92 *DTaP
8. 10/13/92 DTP
9. 02/10/93 DTaP
10. 12/07/95 DTaP

1. 04/18/01 Td-ADULT
2. 09/10/03 Td-ADULT

1. 08/24/88 OPV
2. 11/29/88 OPV
3. 03/07/89 OPV
4. 11/17/89 OPV
5. 12/30/91 OPV
6. 03/19/92 OPV
7. 05/27/92 OPV
8. 10/13/92 OPV
9. 02/10/93 OPV
10. 12/07/95 OPV

1. 12/30/91 HIBTITER
2. 03/19/92 PEDVAXHIB
3. 11/18/92 PEDVAXHIB

1. 09/12/97 HEP B PED
2. 02/17/98 HEP B PED
3. 03/30/98 *HEP B PED
4. 02/26/01 HEP B
5. 03/28/01 HEP B
6. 08/13/03 HEP B

1. 11/17/89 MMR
2. 10/13/92 MMR
3. 02/10/93 MMR
4. 12/07/95 MMR

1. 11/13/00 HEP A 2PED
2. 02/26/01 HEP A
3. 06/01/01 HEP A 2PED
4. 08/13/03 HEP A

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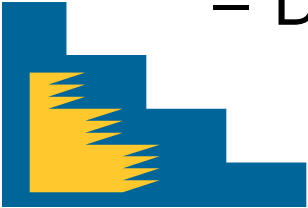
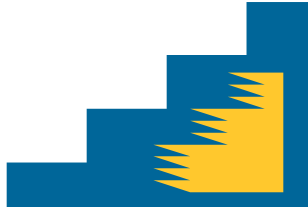
Data Exchange between RPMS and State Registries will . . .

- Improve ability to monitor immunization coverage for AI/AN children
- Improve immunization services for AI/AN children
 - IHS, tribal and other health care providers
- Conserve resources





Strategies to reduce missed opportunities

- Ensure complete data are available
 - If providers don't know vaccine is due, can't give it!
 - Provide immunizations at all visits, not just well child care
 - Promote simultaneous administration
 - Standing Orders
 - Review quarterly reports to identify problems
 - Specific age group or specific vaccine?
 - Provider preferences re: schedule?
 - Data quality problems?
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Finding the missing child

- Reminder/recall letters
- State immunization registries





Assemble Multi-Disciplinary Team


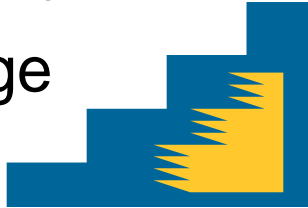


- RPMS Site Manager
- Providers (Nurses, Mid-levels, Doctors)
 - IMM Package is a clinical decision making tool
- HIM/Data Entry
- Pharmacy
- Public Health Nurses
- Administration
- Patient Registration





Designate an Immunization Coordinator

- Who should be your coordinator?
 - MD, RN, PHN clerk ?
 - What are their responsibilities?
 - Monitor data quality
 - Monitor immunization coverage
 - Provide feedback on communities/age groups with low coverage
 - Compare CRS Active clinical user coverage to IMM Active
 - Review Inactivate patients for MOGE criteria
 - Allocate Keys for the immunization package
 - Set parameters in Managers' Menu
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Help with the Immunization Package

- RPMS Help Desk
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- Amy Groom
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